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|--|----------------------------------|--------|----------------------------------|------------------|--|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | | Docket Number (Optional) | | |
| FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | | 9351-244 | | |
| Application Number 10/667,901 | | | Filed September 23, 2003 | | |
| For A FUEL CELL SYSTEM AND METHOD OF OPERATING THE SAME | | | | | |
| Art Unit 1745 Examiner Raymond Alejandro | | | | | |
| | | | | | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above identified application. | | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | | |
| | | Fee | Small Entity Fee | | |
| \boxtimes | One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ <u>120.00</u> | |
| | Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ | |
| | Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ | |
| | Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ | |
| | Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ | |
| □ Applicant claims small entity status. See 37 CFR 1.27. □ A check in the amount of the fee is enclosed. □ Payment by credit card. Form PTO-2038 is attached. | | | | | |
| ☐ The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to | | | | | |
| Deposit Account Number 022095. I have enclosed a duplicate copy of this sheet. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | |
| I am the | I am the ☐ applicant/inventor. | | | | |
| assignee of record of the entire interest. See 37 CFR 3.71 | | | | | |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | | |
| ☑ attorney or agent of record. Registration Number 31,696 | | | | | |
| attorney or agent under 37 CFR 1.34. Registration of inteer if acting under 37 CFR 1.34. . | | | | | |
| r Shol | | | April 4, 2007 | | |
| Signature | | | Date | | |
| H. Samuel Frost | | | 416-364-7311 Telephone Number | | |
| Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if | | | | | |
| more than one signature is required, see below. | | | | | |

Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1,136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 US, 6, 122 and 37 CFR 1,11 and 1.14. This to file (and by the USPTO to process) an application. Confidentiality is governed by 35 US, 6, 122 and 37 CFR 1,11 and 1.14. This USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete his form all suggestions for recking his budges, should be sent to the Onlient Homation Ordiner. US, Patient and Tradentian Office. US. Department of Commence, P.O. Box 1456, Alexandria, VA 2231-1445, Do NOT SEND FEES OR COMPLETEDFORMS TO THIS ADDRESS. SEND TO. Commissioner for Patients, P.O. Dox 1466, Alexandria, VA 2231-1446, VA 2231-1446.